

Application for Limited Liability Company Organization License

Form 441-16 (Rec. 9/2000)

Producer Licensing Bureau

P.O. BOX 1139
 SACRAMENTO, CA 95812-1139
 Information (800) 967-9331
 Or (916) 322-3555

READ THE INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING THIS APPLICATION

ALL ENTRIES, EXCEPT SIGNATURES, MUST BE TYPED

1. LICENSE TYPE: (Check one only) <input type="checkbox"/> Life Agent (LX) <input type="checkbox"/> Surplus Line Broker (SL) <input type="checkbox"/> Special Lines = Surplus Line Broker (SP) <input type="checkbox"/> Fire and Casualty Broker-Agent (FX) <input type="checkbox"/> Life and Disability Analyst (LA) <input type="checkbox"/> Cargo Shippers = Agent (CS)	<div style="text-align: center;">For Department Use Only</div> File Number _____ WK STATION _____ Perm issued date _____
2. ORGANIZATION NAME: _____ (Name must be approved by the Department prior to use)	
3. DOES THE ORGANIZATION INTEND TO USE A FICTITIOUS (DBA) NAME TO TRANSACT INSURANCE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list such name: _____ (Name must be approved by the Department prior to use)	
4. CHECK ONE: <input type="checkbox"/> California Resident license <input type="checkbox"/> Nonresident license	
5. PRINCIPAL BUSINESS ADDRESS: (P.O. Box not acceptable) Street _____ Suite # _____ City _____ State _____ Zip Code _____	
6. MAILING ADDRESS: Street/P.O. Box _____ Suite # _____ City _____ State _____ Zip Code _____	
7. IS THIS ORGANIZATION NOW USING OR HAS IT EVER USED ANY NAME OTHER THAN LISTED IN (2) OR (3) ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list such names and dates used:	
8. IS THE ORGANIZATION AN INSURANCE COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. IS THE ORGANIZATION ENGAGED IN ANY BUSINESS OR ACTIVITY OTHER THAN INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, answer the following: A. What is the nature of this other business or activity? _____ B. What percentage of the organization's net income will be derived from this other business or activity? _____ % Important: Organization applicants engaged in business other than insurance are cautioned to review the laws governing such other business to ensure that the transacting of insurance is not incompatible under such laws.	
10. HAS THE ORGANIZATION SUBMITTED TO THE DEPARTMENT, WITHIN THE LAST YEAR, A FILING FOR WHICH A LICENSE HAS NOT BEEN ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list name under which the filing was made, date filed, and license type requested:	

11.	IF THE ORGANIZATION HOLDS, OR HAS EVER HELD AN INSURANCE LICENSE, COMPLETE THE FOLLOWING: (Attach a separate sheet if needed)				
	Type of license and license number	State or Province	Resident or nonresident	Is license in force?	Date license held From To

12.	<p>SURPLUS LINE AND/OR SPECIAL LINES= SURPLUS LINE APPLICANTS ONLY:</p> <p>A. List the names of all insurers not admitted to California with whom arrangements have been made to accept or who are considering the acceptance of surplus line business offered by the organization.</p> <p>_____</p> <p>B. Notification of your filing for a Surplus Line Broker's license will be forwarded to the Surplus Line Association of California, who will notify you as to their filing rules (California Code of Regulations, Title 10, Section 2172).</p> <p>LIST NAME OF EACH PERSON APPLYING TO TRANSACT UNDER THE AUTHORITY OF THIS LICENSE TYPE, AND THEIR RELATIONSHIP TO THE ORGANIZATION. (Relationship to the organization must be that of an EMPLOYEE, OFFICER or MANAGER.) A separate application form 441-9, must be completed by each person named below, and attached to this organization application.</p> <table border="1"> <tr> <th>Last,</th> <th>First</th> <th>Middle</th> <th>Relationship to the organization</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>		Last,	First	Middle	Relationship to the organization																
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13.	<p>COMPLETE THE FOLLOWING AND ATTACH A COPY OF THE ARTICLES OF ORGANIZATION: (attach a separate sheet if more space is needed)</p> <p>A. Date registered _____, State in which registered _____, Registration # _____</p> <p>B. List all Officers, Directors, Managers, and those Members that own 10% or more of the membership interests of the organization. (if no officers, directors or managers indicate "none" in applicable area)</p> <table border="1"> <tr> <th>ownership</th> <th>% of Name: Last</th> <th>First</th> <th>Middle</th> <th>Residence Address</th> <th>Social Security #</th> </tr> <tr><td>President</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Vice President</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Secretary</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Treasurer</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Director</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Manager</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Manager</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Member</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Member</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Member</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Member</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Member</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>					ownership	% of Name: Last	First	Middle	Residence Address	Social Security #	President						Vice President						Secretary						Treasurer						Director						Manager						Manager						Member						Member						Member						Member						Member					
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14.	IS THERE ANY PERSON WITHIN THE ORGANIZATION, OTHER THAN NAMED IN QUESTION (13) WHO ACTS IN THE CAPACITY OF A CONTROLLING PERSON AS DEFINED IN SECTION 1668.5 OF THE CALIFORNIA INSURANCE CODE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list name, residence address, and social security number of such person(s): Attach a separate sheet if more space is needed.				
	Last	First	Middle	RESIDENCE ADDRESS	SOCIAL SECURITY NUMBER

*** IMPORTANT NOTICE:** If you answer yes to (15) or (16) attach a detailed statement of the events, which led to the charges (dates and places). If the matter was heard in court, attach copies, certified by the court, of the **Criminal Complaint** and the Sentencing Minute Order showing the final plea, judgement and sentence. If any disciplinary action was taken by an administrative agency, attach certified copy of the action.

15.	HAS THE ORGANIZATION OR ANY OF ITS CONTROLLING PERSONS, OFFICERS, DIRECTORS, MANAGERS OR ANY MEMBERS OWNING 10% OR MORE INTEREST IN THE ORGANIZATION, OR ANY OF THE TRANSACTORS NAMED IN QUESTION (12) EVER BEEN THE SUBJECT OF ANY ADMINISTRATIVE AGENCY DISCIPLINARY ACTION? For the purpose of this question, administrative agency disciplinary action includes but is not limited to: having any professional, vocational or business license denied, suspended, placed on probation, restricted or revoked, or any fine imposed; withdrawing any application or surrendering any license to avoid disciplinary action; being issued a cease and desist order or its equivalent; being the subject of a conservation, liquidation, rehabilitation or receivership order. <input type="checkbox"/> YES <input type="checkbox"/> NO
16.	HAS THE ORGANIZATION OR HAVE ANY OF ITS CONTROLLING PERSONS, OFFICERS, OR ANY MEMBERS OWNING 10% OR MORE INTEREST IN THE ORGANIZATION, OR ANY OF THE TRANSACTORS NAMED IN QUESTION (13) EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO "CRIME" includes a felony or misdemeanor and military offenses. ACONVICTED≡ includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge expunged, dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses.
17.	<p>* IMPORTANT NOTICE: TO ENSURE COMPLIANCE WITH THE PROVISIONS OF SECTION 1647.5. OF THE CALIFORNIA INSURANCE CODE, THIS DEPARTMENT, IN ACCORDANCE WITH SECTION 1666 OF THE CALIFORNIA INSURANCE CODE, IS REQUESTING ADDITIONAL INFORMATION FROM ALL APPLICANTS FOR FIRE AND CASUALTY BROKER-AGENT, LIFE AGENT, SURPLUS LINE BROKER, SPECIAL LINES= SURPLUS LINE BROKER, OR CARGO SHIPPERS= AGENT LICENSE(S). PLEASE SUBMIT THE FOLLOWING ITEMS WITH THE ORGANIZATION APPLICATION:</p> <ol style="list-style-type: none"> 1. A statement as to the number of licensees rendering professional services on behalf of the Limited Liability Company 2. The aggregate dollar amount of E & O Liability Insurance, Cash, Bonds, Bank Certificates of Deposit, U.S. Treasury obligations, etc. held to provide security for claims against the Limited Liability Company. (The amount required over the minimum of \$500,000, is at least \$100,000 multiplied by the number of licensees rendering professional services on behalf of the company; however, the maximum amount is not required to exceed \$5,000,000). 3. For purposes of satisfying the security requirements of California Insurance Code Section 1647.5, we will require one or more of the following: <p>(A) A copy of the declaration page for each liability insurance policy used to satisfy the minimum-security requirement.</p> <p>(B) Verification by the bank or escrow holder listing the type and current dollar value of the assets used to satisfy the minimum-security requirements.</p> <p>NOTE: LIMITED LIABILITY COMPANY LICENSEES MUST FILE AT LEAST ONCE EACH YEAR, AN "ANNUAL CONFIRMATION" WITH THE COMMISSIONER IN THE ABOVE FORMAT, TO DEMONSTRATE CONTINUING COMPLIANCE WITH THE FINANCIAL SECURITY REQUIREMENTS OF SECTION 1647.5. CIC.</p>

18.

APPLICANT=S CERTIFICATION:

I (WE) certify (or declare) under penalty of perjury that:

- (A) the named organization intends actively and in good faith to carry on an insurance business;
- (B) the articles of organization do not forbid it to act in the capacity for which this application is being made;
- (C) the holding of the license hereby applied for is not incompatible with the laws, rules or regulations of any federal, state, county or municipal government for which it performs work (if any) or by which it is licensed (if any);
- (D) if the license is granted, only those natural persons so authorized will transact insurance under such license;

Further, I (WE) certify (or declare) under penalty of perjury under the laws of the State of California that I (WE) have read the foregoing application and know the contents thereof and that each statement therein made is full, true and correct. I (WE) understand that pursuant to Section 1781.3(e) of the Insurance Code any false statements may subject my application to denial and may subject my license(s) to suspension or revocation. Further, pursuant to Insurance Code Section 1781.10, I (WE) authorize disclosure to the Insurance Commissioner of all financial institution records of any fiduciary accounts for the duration of this license.

» Important Notice »

For a limited liability company an Officer having authority to bind the organization must sign.

SIGNATURE: _____ Title _____

DATE EXECUTED: _____, At _____, _____
(Month, day, year) (City) (State)

BUSINESS PHONE # (____) _____ FAX # (____) _____

NOTE: ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.

NOTICE: INFORMATION COLLECTION AND ACCESS

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals.

AGENCY: Department of Insurance **ADDRESS:** 320 Capitol Mall, Sacramento, CA 95814-4309 **TELEPHONE:** (800) 967-9331 or (916) 322-3555

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE: Chief, Producer Licensing Bureau

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION: California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1
And Chapter 4, Part 5, Division 2.

THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION: Delay or non-issuance of license applied for.

THE PRINCIPAL PURPOSES(S) FOR WHICH THE INFORMATION IS TO BE USED: Evaluation of the license application.

EACH INDIVIDUAL HAS THE RIGHT TO REVIEW FILES MAINTAINED ON THEM BY THE AGENCY, UNLESS THE INFORMATION IS CLASSIFIED AS CONFIDENTIAL UNDER SECTION 1798.3(A) OF THE CIVIL CODE.

Instructions For Completing Limited Liability Company Organization Application

ALL ENTRIES, EXCEPT SIGNATURES, MUST BE TYPED.

RE: Question #2: AORGANIZATION NAME≡

The true organization name must be entered. Include commas, hyphens, ampersands, etc. This name is subject to disapproval by the Insurance Commissioner.

RE: Question #3: AFICTITIOUS NAME≡

If you intend to transact insurance in a name other than the true organization name shown in Question (#3), enter such fictitious name. This name is subject to disapproval by the Insurance Commissioner.

RE: Question #11: APREVIOUS LICENSE INFORMATION≡

Nonresident applicant - an original certificate of license status from the home state is required for the organization, if applicable.

RE: Question #14:

Insurance Code Section 1668.5(b), in part, defines a "controlling person" as a person who possesses the power to cause the direction of the management and policies of the organization.

RE: Questions #15 and #16: APREVIOUS ARREST OR CONVICTION RECORD:

If the answer is "yes" to any of these questions, documents as listed under "IMPORTANT NOTICE" are required to be attached to this application.

GENERAL INFORMATION:

A) Licenses are issued for a two-year term, which begins the date the first license is issued to the organization and ends the last day of that calendar month two years later. Subsequent licenses are issued for the balance of the established license term.

B) Fees: Filing fees are required for each organization application submitted, except that Surplus and Special Lines = fees may vary - see below:

Surplus and Special Lines = Filing Fees:

1) One filing fee covers the first TWO natural persons named under either of these license types. An additional filing fee is required for each subsequent natural person to be named on the license.

2) Fee collected from one person for either the surplus Line or Special Lines = license covers that person's fees for both licenses.

C) Total fee due is determined by adding the appropriate filing fees in (A) and (B) above to other applicable fees listed in the fee chart.

PLEASE REVIEW THE APPLICATION CAREFULLY AFTER COMPLETION. ANY OMISSIONS OR DEFICIENCIES WILL RESULT IN A DELAY IN THE PROCESSING OF YOUR APPLICATION FOR LICENSE.

Mail application with fees to: DEPARTMENT OF INSURANCE
P.O. BOX 1139
SACRAMENTO, CA 95812-1139

FOR DIRECT QUESTIONS ON THIS FILING, CONTACT THE LICENSE BUREAU IN SACRAMENTO AT: (916) 322-3555.

ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.